



# Columbus Recreation and Parks Therapeutic Recreation Summer of Fun and Adventure Day Camp 2012 Registration Form

Please complete this form completely and return it with **payment** info and/or request for PLAY application to:  
**Therapeutic Recreation, Columbus Recreation and Parks Dept., 1111 E. Broad St, Columbus, OH 43205.**  
Registration begins March 10, 2012

## I. Camper Information

Camper First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Male: \_\_\_ Female: \_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_ Current Grade: \_\_\_ **School** \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Date of Birth: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

## II. Emergency Contact Information

Name: _____	Name: _____
Address: _____	Address: _____
Day Phone: _____	Day Phone: _____
Relationship: _____	Relationship: _____

## III. Camp and Session(s) Attending (please Check (✓) the camp and sessions you wish to attend)

Please check early drop and/or late pick up if you are using this service

Camp	Sport Camp	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Total Cost
	June 11,12,13	June 18- June 22	June 25- June 29	July 2,3- July 5,6	July 9- July 13	July 16- July 20	July 23- July 27	July 30- Aug 3	
<b>Dodge</b>									
Early Drop off \$10.00									
Late Pick Up \$20.00									
<b>Franklin Park</b> \$50 SC \$80 Session 1,2, 4,5,6,7 \$65 Session 3									

**Payment Method:** Cash/Check \_\_\_\_\_ **P.L.A.Y.** \_\_\_\_\_ **Coupon Code** \_\_\_\_\_ **3<sup>rd</sup> Party payer** \_\_\_\_\_ **Agency Name** \_\_\_\_\_

**Credit Card: (Please Circle )** Visa MasterCard Discover # \_\_\_\_\_ **Exp.** \_\_\_\_\_

## IV. Medical Information

Physician and/or Clinic: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please circle all that apply to participant:

Allergies (see below)	Ear Tubes	Scoliosis
Arthritis	Glasses	Seizures

**OVER** → → →

Atlantoaxial Subluxation	Hearing Aides	Shunt
Catheter	Heart Condition	Tracheotomy
Diabetes	Hepatitis Carrier	Other: _____

## V. Disability

To assist in ensuring proper staffing and safety, please identify the participants disabling condition. Circle all that apply to the participant and/or write in any disabling conditions or special instructions below.

Arthritis	Autism	Learning Disability
Down Syndrome	Attention Deficit Disorder	Spina Bifida
Severe DD	Severe Behavior Disorder	Spinal Cord Injury
Moderate DD	Mild DD	Mental Illness
Vision Impaired	Hearing Impaired	Head Injury
Multiple Sclerosis	Cerebral Palsy	Muscular Dystrophy
		Other: _____

Please provide specific information for any medical condition we should be aware of (Allergies, Activity Restrictions, etc.) \_\_\_\_\_

Does participant walk independently? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what assistance is needed? \_\_\_\_\_

Does participant dress independently? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what assistance is needed? \_\_\_\_\_

Does participant communicate through speech? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what type of communication is used? \_\_\_\_\_

Does participant bathroom/toilet independently? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what assistance is needed? \_\_\_\_\_

**Medication Policy:** Columbus Recreation and Parks Department staff shall not **administer** medication to participants in their programs. All medication taken by participant shall be self administered, and no participant on medication shall be registered in the program unless the person is capable of taking his/her own medications, or parent/guardian is available to administer the medication. Recreation staff may (1) Remind a participant to take medication and ensure directions on the container are followed, (2) Assist participant by taking the medication from the locked storage area and hand it to the participant, and (3) Assist participant with a physical disability in removing the medication, assist in consumption, upon request by or with the consent of the participant(s) parent/guardian.

**Please identify type, dosage, and time all medication participant is currently taking.**

<b>Medication:</b>	<b>Name</b>	<b>Dosage</b>	<b>Frequency</b>
1.	_____	_____	_____
2.	_____	_____	_____

## V. Participant/Parent/Guardian Release

As a participant, or as a parent/guardian of the participant in this program, I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss resulting from participation in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of my son/daughter's participation in the program, against Columbus Recreation and Parks Department, City of Columbus, and agents, employees and volunteers. I do hereby fully release and discharge the Columbus Recreation and Parks Department, City of Columbus, and agents, employees and volunteers for any and all claims from injuries, damage, or loss which I have or which may occur to me on account of my son/daughter's participation in program. I further agree to protect, defend, and hold harmless the Columbus Recreation and Parks Department, City of Columbus, agents, employees and volunteers from any and all claims resulting or in any way associated with activities of the program. I have read and fully understand the release form. Before registration in this program is valid, this release form must be signed by the participant's parent/guardian.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## VI. Confidentiality Release

I, the undersigned, hereby authorize the Columbus Recreation and Parks Department to utilize photographs, videotapes, and voice recordings, of the participant to be used exclusively for promotion of Columbus Recreation and Parks program.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_